

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004966

Entity Name: MORNING STAR FISHERMEN, INC.

FILED
Apr 07, 2004
Secretary of State

Current Principal Place of Business:

33336 OLD ST. JOE RD
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

33336 OLD ST. JOE RD
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 59-3365112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEISSLER, HANS C
33336 OLD ST. JOE RD
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEISSLER, HANS C
Address: 33336 OLD ST. JOE RD
City-St-Zip: DADE CITY, FL 33525 US

Title: TD () Delete
Name: GEISSLER, SIGRID M
Address: 33336 OLD ST. JOE RD
City-St-Zip: DADE CITY, FL 33525 US

Title: SD () Delete
Name: SMYZER, ROGER
Address: 250 SIESTA LANE
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: FALLS, WILLIAM
Address: 10414 E COLUMBUS DRIVE
City-St-Zip: TAMPA, FL 33619

Title: DV () Delete
Name: HOFF, FRANK
Address: 33418 OLD SAINT JOE RD
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: HARRIGAN, EARL
Address: 3350 COMMERCIAL AVE
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANS GEISSLER

P.D

04/07/2004

Electronic Signature of Signing Officer or Director

Date

SR.KATHLEEN KECK S.D
33336 OLD SAINT JOE RD.
DADE CITY FL. 33525